

DEVELOPMENTAL COUNSELING FORM			
For use of this form, see ATP 6-22.1; the proponent agency is TRADOC.			
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
AUTHORITY:	5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.		
PRINCIPAL PURPOSE:	To assist leaders in conducting and recording counseling data pertaining to subordinates.		
ROUTINE USES:	The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.		
DISCLOSURE:	Disclosure is voluntary.		
PART I - ADMINISTRATIVE DATA			
Name (Last, First, MI)	Brown, Steven M.	Rank/Grade	SGT/E6 <i>[Signature]</i>
Organization	Delta Company, 54th BEB, 173rd IBCT (A)	Name and Title of Counselor	Max W. Gustafson, CPT, Company Commander
PART II - BACKGROUND INFORMATION			
<p>Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)</p> <p>***COUNSELING STATEMENT FOR ENLISTED SOLDIERS DECLINING IMMUNIZATION***</p> <p>On 24 August 2021, the Secretary of Defense directed the Secretary of the Army to begin full vaccination of the U.S. Army against the COVID-19 disease.</p> <p>On 23 September 2021, you declined to receive the COVID-19 vaccine.</p>			
PART III - SUMMARY OF COUNSELING			
Complete this section during or immediately subsequent to counseling.			
<p>Key Points of Discussion:</p> <p>[The following is sample language for the counseling required by AR 600-20, paragraph 5-4g(2). Please note that this counseling must be tailored to the specific facts of the case. Prior to issuing this counseling, Commanders will consult with their servicing Judge Advocate].</p> <ol style="list-style-type: none"> 1. The purpose of the COVID-19 vaccines is to prevent the spread of the COVID-19 disease. 2. The COVID-19 disease may be present in a possible area of operation. 3. The COVID-19 vaccines are safe and effective at preventing the COVID-19 disease and reducing the risk of severe illness and death. COVID-19 vaccines reduce the risk of people spreading the virus that causes COVID-19. While you may have side effects after your vaccination, these are normal and should go away within a few days. It typically takes 2 weeks after vaccination for the body to build protection (immunity) against the virus that causes COVID-19. You are not fully vaccinated until 2 weeks after the second dose of a 2-dose vaccine or 2 weeks after a single dose vaccine. You can learn more about the COVID-19 vaccines at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html. Additionally, you may discuss any concerns you have about receiving the vaccine with medical professionals. 4. You are hereby ordered to become fully vaccinated with a COVID-19 vaccine that has received full licensure from the Food and Drug Administration (FDA), in accordance with FDA-approved labeling and guidance NLT 29 September 2021, subject to the availability of vaccines. This is a lawful order. Failure to obey this order may result in punitive or adverse administrative action. Voluntary immunization with a COVID-19 vaccine under FDA Emergency Use Authorization or World Health Organization Emergency Use Listing in accordance with applicable dose requirements prior to, or after receiving this order, constitutes compliance with this order. 5. If you believe you should be granted a medical exemption, then discuss this with your health care provider. If you have already been vaccinated, you must provide valid proof of vaccination for inclusion in your medical records. If you wish to submit an administrative exemption request under AR 40-562, including a request for a religious accommodation, you must request it through your chain-of-command. Soldiers with active pending immunization exemption requests will not be immunized or subjected to adverse action for refusal to receive the vaccine, pending the outcome of their request or any appeal of a denied request. If you continue to refuse to be immunized after final denial of your exemption request/appeal, you will be in violation of my order in paragraph 4 above. You are further advised IAW AR 600-20, Appendix P-2b(4) that noncompliance with immunization requirements may adversely impact deployability, assignment, or international travel and that exemptions may be revoked under imminent risk conditions. <p>I am counseling you for the conduct noted above. Continued conduct of this nature may result in initiation of a bar to reenlistment, administrative action to include your separation from the service, and/or punitive action under the UCMJ. If this conduct continues, action may be initiated to involuntarily separate you from the service under AR 635-200. If you are involuntarily separated, you could receive an Honorable, General Under Honorable Conditions, or Other Than Honorable discharge. If you receive an Honorable Discharge, you will be qualified for most benefits resulting from your military service. If you receive a General Under Honorable Conditions Discharge or an Other Than Honorable Discharge, you may be disqualified from reenlisting in the service for some period and you may be ineligible for many, if not all, veterans benefits to include but not limited to the Montgomery G.I. Bill and post-9/11 G.I. Bill. If you receive a General Under Honorable Conditions or Other Than Honorable Discharge, you may face difficulty obtaining civilian employment as employers may have low regard for less than Honorable discharges.</p>			
OTHER INSTRUCTIONS			
<p>This form will be destroyed upon reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.</p>			

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).

MANDATORY VACCINATION DECLINATION

- (1) NOT 3 duty days after receipt of this counseling, the Service member will watch an educational video on the benefits of vaccination. The video is available at <https://www.cdc.gov/coronavirus/2019-novel-coronavirus/everything-you-know.html> (SM initial when complete) MWB (CDR initial when complete)
- (2) NOT 3 duty days after the Service member watches the mandatory video, the immediate commander directs the Service member to comply with the order on page 1, paragraph 4 MWB (SM initial when complete) MWB (CDR initial when complete)
- (3) If the SM continues to refuse immunization, the commander directs the Soldier to meet with a medical professional (physician, physician assistant, or nurse practitioner) to discuss the vaccine and any concerns. MWB (SM initial when complete) MWB (CDR initial when complete) 23 SEP 21
- (4) NOT 3 duty days after the Service member consults with a medical professional, the immediate commander directs the Service member to comply with the order on page 1, paragraph 4 MWB (SM initial when complete) MWB (CDR initial when complete) 23 SEP 21

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: I agree I disagree with the information above.

Individual counseled remarks:

This is an illegal order
 Today I was ~~asked~~ offered the ~~Euro~~ Pfizer-BioNTech COVID-19 mRNA Vaccine and ordered to take it instead of the FDA Comirnaty mRNA Vaccine. Have provided an MFR stating I would like to receive the FDA approved vaccine as outlined by SECDO

Signature of Individual Counseled: [Signature]

Date: 23 SEP 2021

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

Leaders will ensure Service member has the opportunity to discuss any request for an administrative or medical exemption with the chain-of-command, medical, Chaplain, and/or legal professionals, as appropriate.

Signature of Counselor: [Signature]

Date: 23 SEP 21

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor:

Individual Counseled:

Date of Assessment:

Note: Both the counselor and the individual counseled should retain a record of the counseling.